

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC

ADDRESS (number and street) 420 W. Pinhook Road  
Suite A  
 Check if different than previously reported. (ACC)  
LAFAYETTE LA 70503

2. **FEC IDENTIFICATION NUMBER** C00382796  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 04 01 2009 through 04 30 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Albert Simien

Signature of Treasurer Electronically Filed by Albert Simien Date 05 19 2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 4 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

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| Y | Y | Y | Y |
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 To: 

|   |   |
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|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

|   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |   |   |   |   |   |   |  |         |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|---------|
| 6. (a) Cash on Hand<br>January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | Y                       | Y                                 | Y | Y | 2 | 0 | 0 | 9 |  | 1889.83 |
| Y   | Y                       | Y                                 | Y |   |   |   |   |   |  |         |
| 2   | 0                       | 0                                 | 9 |   |   |   |   |   |  |         |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....  | 761.83                  |                                   |   |   |   |   |   |   |  |         |
| (c) Total Receipts (from Line 19) .....   | 971.00                  | 11843.00                          |   |   |   |   |   |   |  |         |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....  | 1732.83                 | 13732.83                          |   |   |   |   |   |   |  |         |
| 7. Total Disbursements (from Line 31) .....   | 332.50                  | 12332.50                          |   |   |   |   |   |   |  |         |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....   | 1400.33                 | 1400.33                           |   |   |   |   |   |   |  |         |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....   | 0.00                    |                                   |   |   |   |   |   |   |  |         |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |   |   |   |   |   |   |  |         |

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 4 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 4 |

|   |   |
|---|---|
| D | D |
| 3 | 0 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees  | 607.00                        | 9460.00                           |
| (i) Itemized (use Schedule A) .....  |                               |                                   |
| (ii) Unitemized .....  | 364.00                        | 2383.00                           |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) .....   | 971.00                        | 11843.00                          |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs) .....  | 0.00                          | 0.00                              |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....     | 971.00                        | 11843.00                          |
| 12. Transfers From Affiliated/Other Party Committees .....   | 0.00                          | 0.00                              |
| 13. All Loans Received .....   | 0.00                          | 0.00                              |
| 14. Loan Repayments Received .....   | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) ..... | 0.00                          | 0.00                              |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....           | 0.00                          | 0.00                              |
| 17. Other Federal Receipts (Dividends, Interest, etc.) .....   | 0.00                          | 0.00                              |
| 18. Transfers from Non-Federal and Levin Funds   |                               |                                   |
| (a) Non-Federal Account (from Schedule H3) .....   | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5) .....   | 0.00                          | 0.00                              |
| (c) Total Transfer (add 18(a) and 18(b)).  | 0.00                          | 0.00                              |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....                          | 971.00                        | 11843.00                          |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 971.00                        | 11843.00                          |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| <b>II. DISBURSEMENTS</b>   | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|--|---------------------------------------|---|
| 21. Operating Expenditures:  |                                       |   |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4)                                     |                                       |   |
| (i) Federal Share.....   | 0.00                                  | 0.00                                      |
| (ii) Non-Federal Share.....  | 0.00                                  | 0.00                                      |
| (b) Other Federal Operating Expenditures.....  | 0.00                                  | 0.00                                      |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....                          | 0.00                                  | 0.00                                      |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                                  | 0.00                                      |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 332.50                                | 12332.50                                  |
| 24. Independent Expenditure (use Schedule E) .....   | 0.00                                  | 0.00                                      |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00                                  | 0.00                                      |
| 26. Loan Repayments Made.....  | 0.00                                  | 0.00                                      |
| 27. Loans Made.....  | 0.00                                  | 0.00                                      |
| 28. Refunds of Contributions To:   |                                       |   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 0.00                                  | 0.00                                      |
| (b) Political Party Committees .....   | 0.00                                  | 0.00                                      |
| (c) Other Political Committees (such as PACs) .....  | 0.00                                  | 0.00                                      |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....                           | 0.00                                  | 0.00                                      |
| 29. Other Disbursements.....   | 0.00                                  | 0.00                                      |
| 30. Federal Election Activity (2 U.S.C 431(20))  |                                       |   |
| (a) Shared Federal Election Activity (from Schedule H6)  |                                       |   |
| (i) Federal Share .....  | 0.00                                  | 0.00                                      |
| (ii) "Levin" Share .....   | 0.00                                  | 0.00                                      |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00                                  | 0.00                                      |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....              | 0.00                                  | 0.00                                      |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..       | 332.50                                | 12332.50                                  |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 332.50                                | 12332.50                                  |

**DETAILED SUMMARY PAGE**  
of Disbursements

| III. Net Contributions/Operating Expenditures                                    | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) .....        | 971.00                        | 11843.00                          |
| 34. Total Contribution Refunds (from Line 28(d)) .....                           | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....   | 971.00                        | 11843.00                          |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 0.00                          | 0.00                              |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) .....               | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) .....             | 0.00                          | 0.00                              |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 6 / 10                  |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC

|   |   |                                    |  |
|---|---|------------------------------------|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>John Indest              |                                    | Date of Receipt  |
|   | Mailing Address 235 Duperier Ave.                                   |                                    | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y<br>04 / 07 / 2009 |
|   | City  | State                              | Zip Code   |
|   | New Iberia  | LA                                 | 70563  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                    | <b>Transaction ID:</b> SA11AI.6093   |
| Name of Employer<br>The LHC Group   |   | Occupation<br>VP/COO               | Amount of Each Receipt this Period   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>280.00 | <input type="text"/><br>40.00  |
|   |   |                                    | Payroll Deduction (\$40.00 Bi-Weekly)  |

|   |   |                                    |  |
|---|---|------------------------------------|--|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>John Indest              |                                    | Date of Receipt  |
|   | Mailing Address 235 Duperier Ave.                                   |                                    | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y<br>04 / 22 / 2009 |
|   | City  | State                              | Zip Code   |
|   | New Iberia  | LA                                 | 70563  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                    | <b>Transaction ID:</b> SA11AI.6121   |
| Name of Employer<br>The LHC Group   |   | Occupation<br>VP/COO               | Amount of Each Receipt this Period   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>320.00 | <input type="text"/><br>40.00  |
|   |   |                                    | Payroll Deduction (\$40.00 Bi-Weekly)  |

|   |   |                                    |  |
|---|---|------------------------------------|--|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Richard MacMillian       |                                    | Date of Receipt  |
|   | Mailing Address 324 Deer Park Trial                                 |                                    | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y<br>04 / 07 / 2009 |
|   | City  | State                              | Zip Code   |
|   | Lafayette   | LA                                 | 70508  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                    | <b>Transaction ID:</b> SA11AI.6096   |
| Name of Employer<br>LHC Group   |   | Occupation<br>Legal Counsel        | Amount of Each Receipt this Period   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>350.00 | <input type="text"/><br>50.00  |
|   |   |                                    | Payroll Deduction (\$50.00 Bi-Weekly)  |

|  |                                |
|--|--------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text"/><br>130.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>           |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 10  
(check only one)

|   |                              |                              |                             |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)  
LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC

**A.** Full Name (Last, First, Middle Initial)  
Richard MacMillian

Mailing Address 324 Deer Park Trial

City State Zip Code  
Lafayette LA 70508

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
LHC Group Legal Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
04 / 22 / 2009

**Transaction ID:** SA11AI.6124

Amount of Each Receipt this Period  
50.00

Payroll Deduction (\$50.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Keith Myers

Mailing Address 211 Morning Mist

City State Zip Code  
Sunset LA 70584

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
The LHC Group President/CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4240.00

Date of Receipt  
MM / DD / YYYY  
04 / 07 / 2009

**Transaction ID:** SA11AI.6098

Amount of Each Receipt this Period  
40.00

Payroll Deduction (\$40.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Keith Myers

Mailing Address 211 Morning Mist

City State Zip Code  
Sunset LA 70584

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
The LHC Group President/CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4280.00

Date of Receipt  
MM / DD / YYYY  
04 / 22 / 2009

**Transaction ID:** SA11AI.6126

Amount of Each Receipt this Period  
40.00

Payroll Deduction (\$40.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 130.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |             |
|---|---|-------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 8 / 10 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |             |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |             |

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NAME OF COMMITTEE (In Full)  
LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC

|   |   |   |
|---|---|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Harold Taylor                        | Date of Receipt<br>MM / DD / YYYY<br>04 / 07 / 2009 |
|   | Mailing Address 252 Purple Dawn Drive   | <b>Transaction ID:</b> SA11AI.6101                  |
|   | City State Zip Code<br>Sunset LA 70584  | Amount of Each Receipt this Period<br>38.50         |
|   | FEC ID number of contributing federal political committee.<br>C                 | Payroll Deduction (\$38.50 Bi-Weekly)               |
|   | Name of Employer Occupation<br>La. Home Care Group, Inc. Director of Purchasing |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>4268.50   |   |

|   |   |   |
|---|---|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Harold Taylor                        | Date of Receipt<br>MM / DD / YYYY<br>04 / 22 / 2009 |
|   | Mailing Address 252 Purple Dawn Drive   | <b>Transaction ID:</b> SA11AI.6129                  |
|   | City State Zip Code<br>Sunset LA 70584  | Amount of Each Receipt this Period<br>38.50         |
|   | FEC ID number of contributing federal political committee.<br>C                 | Payroll Deduction (\$38.50 Bi-Weekly)               |
|   | Name of Employer Occupation<br>La. Home Care Group, Inc. Director of Purchasing |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>4307.00   |   |

|   |  |   |
|---|--|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>James Tobey                   | Date of Receipt<br>MM / DD / YYYY<br>04 / 07 / 2009 |
|   | Mailing Address 465 Leo Avenue   | <b>Transaction ID:</b> SA11AI.6102                  |
|   | City State Zip Code<br>Shreveport LA 71105                               | Amount of Each Receipt this Period<br>50.00         |
|   | FEC ID number of contributing federal political committee.<br>C          | Payroll Deduction (\$50.00 Bi-Weekly)               |
|   | Name of Employer Occupation<br>LHC Group Director of Sales and Marketing |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>350.00                                       |   |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 127.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |             |
|---|--|-------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 9 / 10 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |             |

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NAME OF COMMITTEE (In Full)  
LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC

|   |   |   |   |
|---|---|---|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>James Tobey              |   | Date of Receipt   |
|   | Mailing Address 465 Leo Avenue                                      |   | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>04 / 22 / 2009 |
|   | City  | State   | Zip Code  |
|   | Shreveport  | LA  | 71105   |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   | <b>Transaction ID:</b> SA11AI.6130  |
| Name of Employer<br>LHC Group   |   | Occupation<br>Director of Sales and Marketing | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>400.00            | 50.00   |
|   |   |   | Payroll Deduction (\$50.00 Bi-Weekly)   |

|   |   |                                    |   |
|---|---|------------------------------------|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Pam Wigglesworth         |                                    | Date of Receipt   |
|   | Mailing Address RR 2 Box 39F  |                                    | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>04 / 07 / 2009 |
|   | City  | State                              | Zip Code  |
|   | Alderson  | WY                                 | 24910   |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                    | <b>Transaction ID:</b> SA11AI.6103  |
| Name of Employer<br>LHC Groups  |   | Occupation<br>State Manager        | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>595.00 | 85.00   |
|   |   |                                    | Payroll Deduction (\$85.00 Bi-Weekly)   |

|   |   |                                    |   |
|---|---|------------------------------------|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Pam Wigglesworth         |                                    | Date of Receipt   |
|   | Mailing Address RR 2 Box 39F  |                                    | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>04 / 22 / 2009 |
|   | City  | State                              | Zip Code  |
|   | Alderson  | WY                                 | 24910   |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                    | <b>Transaction ID:</b> SA11AI.6131  |
| Name of Employer<br>LHC Groups  |   | Occupation<br>State Manager        | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>680.00 | 85.00   |
|   |   |                                    | Payroll Deduction (\$85.00 Bi-Weekly)   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>220.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <b>607.00</b> |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 / 10

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC

A.

Full Name (Last, First, Middle Initial)

A La Carte

Mailing Address P.O. Box 60146

City State Zip Code  
Lafayette LA 70596

Purpose of Disbursement  
In-Kind - Food

Candidate Name  
JOHN CALVIN JR. FLEMING

Office Sought:  House  
 Senate  
 President

State: LA District: 04

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Transaction ID: SB23.6138

Date of Disbursement

/   /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....